Nebraska Small Employer Health Reinsurance Program (NSEHRP)

I, the undersigned office provided herein was prepa my knowledge and belief.		,	
Company Name		Printed Name and Telephone Number	
Street Address		City	State Zip Code
000 1 0		TO: A	
Officer's Signature		Title	
Under Nebraska Code S determined by each carrie includes each reinsuring of year from health benefit p Nebraska.	r's share of the assessable carrier's share of the total	e market. In Nebraska premiums earned in	a the assessable market the preceding calendar
Definition of Health Bene	fit Plan		
Assessments	s cannot be offset agains	t premium or other t	axes due.
This is not an assessment.	It is an information requi	rement under the Dire	ctor's inquiry powers.
Reporting Period:	Calendar Year		
Nebraska Total Earned Premium from Health Benefit Plans (NSEHRP Assessment Base):			
Response Deadline:	April 15,		
Respond to:	John Rink Department of Insurance 941 "O" Street, Suite 400 Lincoln, NE 68508		

(402) 471-2201